



## **Evaluation of Nevada County MHSA Three Year Expenditure Plan**

CSS Committee Members: Sheri Whitt, Hector Mendez, Linda Rivera

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Initial allocation \$3,086,785

Overall the OAC Committee felt there were several things to like about Nevada County's CSS Three Year Plan. The County is to be commended for working closely with the SPIRIT Mental Health Peer Empowerment Center to provide outreach to un-served and underserved populations. It was also impressive that 1.5% of the county's residents were involved in the MHSA planning process and that this outreach included contact with 22 community organizations and the distribution of more than 7000 copies of the County's survey questionnaire by peer counselors. The Committee also liked that the Steering committee was structured with a majority of consumers and family members. Another positive noted by the Committee was Nevada County's close work with three Federally Qualified Rural Health Clinics, including the Chapa-De Indian Health Service and the fact that Latino services were ultimately integrated into plans for all age groups. There was good outreach to the homeless, excellent use of media (most especially in the form of the public review broadcast live) and an ultimate list of objectives (pg 27) which clearly articulated what this plan is trying to accomplish related to the need for and the provision of culturally and linguistically competent services.

### **Consumer and Family Involvement**

The Committee was impressed by the salary/benefits offered to consumers from the SPIRIT program (peer counseling staff) who assisted with the planning process. Of note, it seemed that most consumers who were active participants in the planning process were mainly connected through NAMI. Having a significant representation of consumers and family members in the planning process is definitely a positive. The Committee would also like to offer a note of caution- NAMI has historically presented a significant Anglo membership with limited ethnic representation. The Committee hopes if this is true for Nevada County, also, that additional efforts to seek consumer and family member representation from ethnic/cultural communities will also be emphasized. In reviewing the Nevada Plan it was interesting to note that Law Enforcement created their own Focus Group. It appears that this was a separate process that did not include consumers and families in the deliberation. This question was raised at the Review meeting and it was stated there was consumer and family member participation in the Forensic workgroup but not in the Law Enforcement workgroup. **The Committee recommends Nevada County obtain input from its consumers and family members regarding law enforcement issues in the future. The Committee has received strong input from consumers and family members around the State wanting to see a significant reduction in the use of law enforcement as first responders and commitments to on-going training of law enforcement personnel. It will be interesting to hear in Nevada County's Annual Update if these sentiments are reflected by consumers and**

**family members in Nevada County also.** Committee members noted Nevada County's plan included a 29 member Steering Committee that was very active during the initial planning process. However, the application did not include a clearly outlined plan regarding how Nevada County would continue to utilize members of the community and or consumers throughout MHSA implementation. **The Committee would like to see a clear plan regarding how consumer, family member and stakeholder input will continue to be solicited, considered and responded to throughout implementation of the Three Year Plan. We would also like to hear how Nevada County intends to increase the ethnic and cultural diversity amongst consumer and family member participants in its planning and implementation process.**

#### **Fully Served, Underserved/Inappropriately Served, Unserved**

In reviewing this Plan the Committee had concerns regarding whether Transition Age Youth and Older Adults were receiving adequate attention sufficient to meet the needs for these populations. On page 16 of its plan, Nevada County states, "In lieu of a dedicated service program for the TAY population, they will be a special focus of training using one-time funding." While training is certainly needed, it was particularly worrisome that no specific program is planned given the exceptionally high level of unserved TAY described on page 23 of the Plan. **The Committee would like to hear more specifics about what services will be offered to TAY in the upcoming Annual Update and wants to see services for this population expanded as soon as is feasible. TAY who are aging out of the County's Social Service and Juvenile Justice populations and/or who may be experiencing a "first break" are in particular need for targeted outreach and engagement.** Regarding the Older Adult population, it has been consistent Statewide that Counties are identifying this population as amongst their most unserved. Isolation, inadequate transportation, physical health challenges, stigma, and other issues seem to make it particularly difficult for this population to seek mental health services. **The Committee would also like to hear more specifics about what additional services will be offered to Older Adults in the upcoming Annual Update and wants to see services for this population expanded as soon as is feasible.** Other populations notably absent from discussion regarding levels of service were out-of-county consumers, the LBGTQ community and the American Indian community. **The Committee would like to know what Nevada County is planning to meet the service needs for these populations.** It was understood at the Review meeting that the SPIRIT center does offer a support group for LGBTQ individuals but the facilitator for that group acknowledged no special training has been received regarding LGBT issues. Additionally, it was mentioned that there is some peer counselor training taking place in Indian Country. These activities represent positive steps towards putting together an effective and appropriate service continuum for these populations. Finally, there was no Asian provider identified in this plan. At the Review meeting it was mentioned that the psychiatrist for Nevada County is Asian and that the population level of Asians in the community is relatively low. Again...**the Committee would like to see a clearly articulated plan for outreach and engagement with this community in recognition that they are just as deserving of sensitive, appropriate mental health services as larger ethnic/cultural populations living in the area.** Overall the Committee would invite Nevada County to do more thinking about how to provide services in a manner that

is sensitive to sexual orientation, gender-sensitive, and sensitive to ethnic/cultural differences. It may be much more has been done in this area than was articulated in the Plan, but if not this would be a great opportunity to access training and support resources to build capacity in this area.

### **Wellness/Recovery/Resilience**

ACT was a great example of a strength based recovery approach and the County is to be commended for this.

### **Education, Training and Workforce Development**

Nevada County's commitment to training was mentioned repeatedly throughout the plan and page 185 of the plan described a great one-time funding request to support this training. At the Review meeting it was clarified that CBO's will also have access to this training, which the Committee was pleased to know. It is assumed that includes any local tribal health programs, as well.

### **Collaboration**

Overall it appears Nevada County had good collaboration regarding its planning process. It's not as clear if the County is maximizing its collaborative relationships in terms of long-term working relationships. The Committee is encouraging Counties to think about what resources other collaborative partners can bring to the table in order to better leverage the resources provided by the MHSA funding.

### **Workplans**

**Wraparound-** is a full service partnership which will support an on-going/revolving caseload of five families. This dynamic process will feature family teams, coordinated care, and stress family empowerment and strength-based recovery. The Committee was pleased to read that "Family members will be active and equal members of the wraparound service team" (pg 45) but were less clear about how WRAP teams would be staffed and if consumers and family members would have a role in that staffing. In addition, there were no clearly defined case managers for this program. **The Committee will continue to monitor what is happening with SB 163 services in Nevada County as it sounds like it is still in the development process. The Committee will look forward to reading more about this important program in the County's Annual Update.**

**Palm Tree-** is a full service partnership which will provide assessment, referral, and intervention services to court involved families, juvenile wards at juvenile hall, and foster care children. The County is to be commended for recognizing the need for these services and constructing a plan to meet them. **At the same time, the OAC is also clear that the long-term intent of MHSA money is to inspire a move away from a "fail first" model of service delivery towards a model of service delivery heavily invested in prevention. We will hope to see Counties rely less on "fail first" service strategies in the future as their prevention efforts become more successful at meeting consumer need prior to incarceration, hospitalization or out-of-home placement.** A final note

about this plan...the Committee was pleased to see family and peer support will be available in this program.

Latino Outreach- is a system development service which will include case management, peer services, training, counseling by licensed therapists, and community outreach services. Nevada County's decision to have 5 or more bilingual local family advocates and a bilingual/bicultural supervisor is to be commended (pg 66). In addition, the Committee was impressed by the County's intent to use two local, bilingual, bicultural community members as peer counselors. Finally, the Committee saw good collaboration in the County's decision to actively partner with Colaborando en Espanol and Empiezos Maravillosos.

Assertive Community Treatment- is a full service partnership delivery model that provides comprehensive locally based treatment to people with serious and persistent mental illness. The ACT model embraces the "whatever it takes" approach to working with individuals and their families. The Committee was particularly impressed with the housing resources for this program, as described on page 77. The lack of a specific budget made it difficult to evaluate the efficacy of the program, especially with regards to the plans for hiring a peer specialist.

SPIRIT Empowerment Center- as described in the Plan is funded with a combination of Full Service Partnership, System Development and Outreach and Engagement funds. The Center is to provide "one on one" peer support counseling, drop in services, group support services, specialized peer support groups, peer counseling training, outreach training, and support to and weekly outreach to the homeless shelter. The Committee liked this model, especially liking the use of peer counselors and the support present for those counselors. At the review meeting questions about the ADA issues were asked and it sounds like this is being resolved. The Committee was also pleased to see clearly outlined salaries and benefits for personnel.

Laura's Law- is described as a full service partnership in the plan. "A .5 therapist will be assigned to aid in access of and coordination of care, of Assisted Outpatient Treatment (AOT) for treatment resistive SMI individuals who are not involved with the criminal justice system. This therapist would function in concert with the court". As was stated at the Review meeting, **The OAC is opposed to any program which is involuntary in nature being funded with MHSA funds. This is consistent with the California Department of Mental Health Three Year Program and Expenditure Plan Requirements, pg 2, which states, "Services and programs funded under the Mental Health Services Act must be voluntary in nature". The Committee is not in support of this full service partnership being funded with MHSA funds.**

Mobile Crisis Intervention/Jail- is a strategy being funded with a combination of System Development and Outreach and Engagement funds. The intent is to provide a mobile Crisis Intervention Team in Nevada County and stabilization services to the jail. The mobile crisis team would consist of a law enforcement officer and a mental health worker responding to mental health crisis situations in the community. Stabilization services

would involve mental health worker engagement in the jail with SMI individuals in need of mental health interventions. At the Review meeting, the question was asked regarding funding for the law enforcement officer position. **It was made clear that the OAC does not support the use of MHSA funds to fund law enforcement positions.** The Committee recognizes the importance of County's having strong working relationships with law enforcement and commends Counties who are taking steps to develop and sustain those relationships. The law enforcement salaries, however, should be supported with funds other than MHSA funds, which are specifically targeted for use in the mental health system. In regards to stabilization services in the jail, the Committee would repeat what has already been stated earlier. **The long-term intent of MHSA money is to inspire a move away from a "fail first" model of service delivery towards a model of service delivery heavily invested in prevention. We will hope to see Counties rely less on "fail first" service strategies in the future as their prevention efforts become more successful at meeting consumer need prior to incarceration, hospitalization or out-of-home placement.** Thus the Committee recognizes the need for these stabilization services currently but will expect to see less reliance on such services in the future until they are finally no longer needed.

Emergency Room Follow Up- This strategy is being paid for with System Development funds. The intent is to provide mobile follow up and preventive care to persons with mental health issues treated and released at the hospital and in the Emergency Department (ED) who do not currently meet 5150 criteria. The Committee feels this is a great access point for services and is pleased to see this service model being developed. It was not possible to evaluate the efficacy of the program due to the lack of budget detail.

Truckee Plan- This strategy is being paid for with System Development funds. The Truckee Mental Health System of Support is intended to provide access to comprehensive and coordinated mental health services by creating a culturally and linguistically competent mental health support system. The Committee liked the idea of having a Mental Health Advocate Position but questioned if this was truly a workplan and the efficacy of having a .20 Mental Health Advocate. This was also addressed in the Review meeting and it sounds like this workplan will be folded in with other services being proposed under a different workplan. **The Committee looks forward to reading more about how this Truckee Plan fits in with the rest of the Three Year Plan when the County submits its responses to questions raised at the Review Team meeting.**

San Juan Ridge Plan- also funded with System Development funds, the purpose of this plan is to provide direct support for the staff consulting psychiatrist at Sierra Family Medical Clinic to ensure that he is able to see local residents for consultation without restriction based on their ability to pay. Given the lack of an adequate budget it was impossible to assess the efficacy of this plan. The Committee liked that the hope is for there to ultimately be a peer counseling program in San Juan (pg 147). **Again, The Committee looks forward to reading more about how this San Juan Ridge Plan fits in with the rest of the Three Year Plan when the County submits its responses to questions raised at the Review Team meeting.**

Children's System of Care Psychiatrist- This psychiatrist is being funded using Full Service Partnership and System Development funds. The plan states the psychiatrist time will provide SED and SMI children/adolescents psychiatric services. This position is intended to work in concert with Wraparound and the Committee liked that idea. This relates back to comments already made about the proposed Wraparound program.

Peer/Family Support- proposed to be funded with Full Service Partnership dollars, the purpose of this peer/family/parent support is to help families involved with mental health issues and treatment. The Committee found this plan difficult to assess given the lack of budget clarity and other questions, similar to those raised about the Truckee Plan and the San Juan Ridge Plan. At the Review meeting the County explained they will be reorganizing their Plan prior in preparation for responding to questions raised at the meeting and it is anticipated this will provide clarity in this area. **The Committee looks forward to reading more about how the Peer/Family Support Plan fits in with the rest of the Three Year Plan when the County submits its responses to questions raised at the Review Team meeting.**

## **CONCLUSION**

**Question:** The overarching question for the Oversight and Accountability Commission is: "How will the three-year CSS plan move your county system forward to meet the standard of comprehensive, timely, appropriate services in the Mental Health Services Act?" **The Commission asks that the county prepare to answer this question as the first year of CSS plans are implemented.**

The Commission recognizes the need to build a more reliable baseline of information available to everyone, so that answers can be understood within a context. To do so, the Commission is seeking to develop a description of the mental health system in your county, and in all counties, including an explanation of the structure of the service delivery system, access policies for all children and adults, and range of services received by those not in a categorical funded program.

The Commission is working to develop a baseline to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned by the Mental Health Services Act. Statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system.

In the coming year, the Commission will seek information such as the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served. We would like to know what percentage of all mental health consumers are receiving or have access to comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine

medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services.

To begin with, the Commission will compile available data from traditional sources, and utilize the information you have provided in the CSS plan. In this first year of implementation, we will be enlisting your assistance in measuring the magnitude of changes taking place now and the prospective changes for many years to come. The Commission also will be asking you to determine and report on what resources are lacking in your county. The CSS Committee recognizes the tremendous effort involved in the planning process and commends the county on its many successes.